

## MID-TENN ENGINEERING COMPANY ENVIRONMENT & CONSERVATION COOKEVILLE FIELD OFFICE COMPANY

December 16, 2014

Mr. Johnny Walker, Environmental Coordinator Division of Water Resources Tennessee Department of Environment and Conservation 1221 South Willow Avenue Cookeville, Tennessee 38506

RE:

STORM WATER POLLUTION PREVENTION PLAN - TNR171798

DODSON FARMS POULTRY HOUSE MACON COUNTY, TENNESSEE

Dear Mr. Walker:

Please find enclosed one revised NOI for above referenced Storm Water Pollution Prevention Plan for your approval.

If you have any questions or concerns, feel free to contact me at (615) 666-2385 or e-mail <a href="mailto:ewhite@midtennengineering.com">ewhite@midtennengineering.com</a>. Thank you for your consideration in this matter.

Sincerely,

Evan J. White, P.E.

**Enclosures** 



## TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION

Division of Water Resources

William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, Tennessee 37243 1-888-891-8332 (TDEC)

Notice of Intent (NOI) for General NPDES Permit for Stormwater Discharges from Construction Activities (TNR100000)

Site or Project Name: Dodson Farms Poultry House					Existing NPDES Tracking 171798 Number: TNR		
Street Address or Location: 810 Armour Ln.					Start date: December 2014		
					Estimated end date: June 2015		
Site Activity Description: Macon				Latitude (dd.dddd): 36.5676  Longitude (dd.dddd): 85.8817			
hAC4				Acres Disturbed: 4.50			
County(ies): Macon		Jurisdiction:			Total Acres: 4.50		
D					J		
Does a topographic map show dotted or solid blue lines and/or wetlands on or adjacent to the construction site?  If wetlands are located on-site and may be impacted, attach wetlands delineation report.  If an Aquatic Resource Alteration Permit has been obtained for this site, what is the permit number? ARAP permit No.:							
Receiving waters:							
Attach the SWPPP with the NOI SWPPP Attached			PPP Attached	Attach a site Iocation map Map Attached			
Site Owner/Developer Entity (Primary Permittee - person, company, or legal entity that has operational or design control over construction plans and specifications): Heath Dodson							
Site Owner/Developer Signatory (V.P. level/higher - individual responsible for site - signs certification below):				Signatory's Title or Position (V.P. level/higher - signs certification below):			
Mailing Address: 810 Armour Ln.			City: Red Boili	ng Springs	State: TN	Zip: 37150	
Phone: 615-666-0099	Phone: 615-666-0099 Fax:			E-mail:			
Optional Contact: Evan J. White				Title or Position: Consultant			
Mailing Address: 648 Highway 52 Bypass W.				City: Lafayette		State: TN	<sup>Zip:</sup> 37083
Phone: Fax:		************************	E-mail:				
Owner or Developer Certification (must be signed by president, vice-president or equivalent, or ranking elected official) (Primary Permittee)							
I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.							
Owner or Developer Name: (print or type)				Signature:			Date:
Contractor(s) Certification (must be signed by president, vice-president or equivalent, or ranking elected official) (Secondary Permittee)							
I certify under penalty of law that I have reviewed this document, any attachments, and the SWPPP referenced above. Based on my inquiry of the construction site owner/developer identified above and/or my inquiry of the person directly responsible for assembling this NOI and SWPPP, I believe the information submitted is accurate. I am aware that this NOI, if approved, makes the above-described construction activity subject to NPDES permit number TNR 100000, and that certain of my activities on-site are thereby regulated.							
Contractor company name (print or type):							
Contractor signatory (print/type): (V.P. level or higher)  Red DRIVER /GLR FARMULE				Signature: RVM	re: Run Dun		Date: 12-13-14
Mailing Address: 191 Aw PD LACAVETTET 37083				City:	and a standay to a suggest a 40 section of the services reconstructs and standard to a subsect	State:	Zip:
Phone: 615 633-2043 Fax:				E-mail:			
Other Contractor company name (print or type):							
Other Contractor signatory (print/type): (V.P. level or higher)				Signature:		Date:	
Mailing Address:				City:		State:	Zip:
Phone: Fax:				E-mail:		1	
OFFICIAL STATE USI Received Date:	Reviewer: Field Office:			Permit Number TNR	Exceptional TN Water:		
Fee(s):	T & E Aquatic Flora and Fauna:			Impaired Receiving Str	eam:	Notice of Co	verage Date: